Policies and Procedures Guide

Arizona State Board of Pharmacy
Prescription Drug Monitoring Program

June 2012

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1   Document Overview

Purpose and Contents

The *RxSentry® Policies and Procedures Guide for the Arizona State Board of Pharmacy* describes the policies and procedures mandated by the Arizona State Board of Pharmacy (ASBP) regarding access to Arizona (AZ) Controlled Substances Prescription Monitoring Program (CSPMP) data.

Layout

Chapters 1 and 2 of this guide provide general information about the RxSentry Prescription Drug Monitoring Program.

Chapter 3 provides information about practitioner registration with the Arizona Controlled Substances Prescription Monitoring Program.

Chapter 4 provides information about ASBP's general policy regarding data access.

Chapters 5 through 9 provide specific policies and procedures for the different types of entities that may obtain or request access to AZ CSPMP data.

The appendices are provided for troubleshooting and reference purposes.

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2   RxSentry Prescription Drug Monitoring Program Overview

About This Chapter

This chapter contains an overview of the RxSentry application. For more information and procedures for use, see the *RxSentry User's Guide*.

About the RxSentry Prescription Drug Monitoring Program

The RxSentry Prescription Drug Monitoring Program is a Web-based system that facilitates the collection, analysis, and reporting of information on the prescribing, dispensing, and use of controlled substances.

The system materially assists state regulators and practitioners authorized to prescribe and dispense controlled substances in the prevention of diversion, abuse, and misuse of controlled substance prescription medication.

The use of data collected through RxSentry allows for the provision of education and information, early intervention, prevention of diversion, investigation, and enforcement of existing laws governing the use of controlled substances.

This state-of-the-art system serves as a valuable tool in the effort to protect the health and welfare of our citizens by reducing the abuse of prescription drugs.

Note: For the purposes of this document, the RxSentry Prescription Drug Monitoring Program is referred to as RxSentry.

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3   Policy and Procedure for Practitioner Registration with the AZ CSPMP

About This Chapter

This chapter describes the policy and procedure practitioners must adhere to and perform to register with the AZ CSPMP.

Note: The procedure in this chapter applies to **practitioners only**.

Policy Regarding Practitioner Registration for Access to AZ CSPMP Data

Before requesting access to the database, a practitioner (MD, DO, DDS, DMD, DPM, HMD, PA, NP, ND, OD, or DVM) must first be registered with the Arizona Controlled Substances Prescription Monitoring Program.

Procedure for Registering With the AZ CSPMP

1   Open an Internet browser window, type azpmp.hidinc.com in the address bar, and then press [**Enter**].

2   Click the **Manage Account** tab. A window similar to the following is displayed:

Login
All information is required to proceed to the registration page.
Your CSPMP ID should be in the format *PMP123456*
Your DEA should be in the format *AB1234567* or *AB1234567-1234* if you are a resident.
*CSPMP ID
*DEA
Login   Recover CSPMP ID   Verify Email   Register

3   Click **Register**.

4   Complete all required fields (indicated by an asterisk) on the **Registration Information** window.

5   Click **Register**.
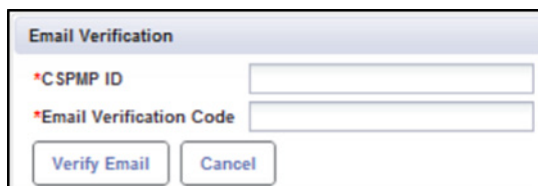
A window similar to the following is displayed:

6 Click **Go** to verify your registration and create your account.

Note: If information is incomplete or missing, a message is displayed indicating which fields must be corrected before your registration form can be submitted.

7 You will receive an e-mail indicating receipt of your registration. Click the hyperlink in step #1 of the e-mail to verify your e-mail address. A window similar to the following is displayed:

Notes:

- You can verify your e-mail address at any time by clicking **Verify Email** from the CSPMP Registration and Renewal home page.
- If you entered an alternate e-mail address (in addition to your primary e-mail address) when you registered, you will need to verify both e-mail addresses. The e-mail verification code you receive for each e-mail address will be specific to that e-mail address.

8 Using the information in the e-mail you received in step 7, enter your CSPMP ID in the **CSPMP ID** field, and then enter your verification code in the **Email Verification Code** field.

9 Click **Verify Email**.

A message displays indicating that your e-mail address was verified and that you may log on to the system and print your certification.

The **Login** window is displayed.

10 Type your CSPMP ID number in the **CSPMP ID** field.

11 Type your DEA number in the **DEA** field.

12 Click **Login**.

A window similar to the following is displayed:

Your email has been verified. You may print your certificate below.

Print Certificate

Registration Information

| | Update | Cancel | Logout |

Registration   PMP000148   Registration From Date   02/27/2012
Effective Date   02/27/2012   Registration Until Date   04/30/2012

| *DEA | | *State License Number | |
| *DEA Expiration Date | 02/27/2013 | *License Expiration Date | 02/27/2013 |

DEA Schedule ☐2 ☐2N ☐3 ☐3N ☐4 ☐5   Dispenser ○No ⦿Yes

13 Click **Print Certificate**.

14 A message briefly displays indicating that your certificate is generating, followed by a window prompting you to perform one of the following actions:
- Click **Open** to open the certificate to view and/or print.
- Click **Save** to save the certificate to a specific location on your computer.

After registering, continue to Chapter 5, Policy and Procedure for Provider Access to AZ CSPMP Data.

Procedure for Updating Your CSPMP Registration

This procedure is used for the following actions:
- Updating your registration when it is nearing or has reached its expiration date
- Updating any of the account information you supplied when you initially registered

Note: Eight (8) weeks before your registration is configured to expire, you will receive an e-mail reminder every two (2) weeks, and then daily each day of the week of your registration expiration date, containing instructions for updating your registration.

Perform the following steps to update your registration information:

1 Open an Internet browser, window, type azpmp.hidinc.com in the address bar, and then press [**Enter**].

2 Click the **Manage Account** tab. A window similar to the following is displayed:

Login

All information is required to proceed to the registration page.
Your CSPMP ID should be in the format *PMP123456*
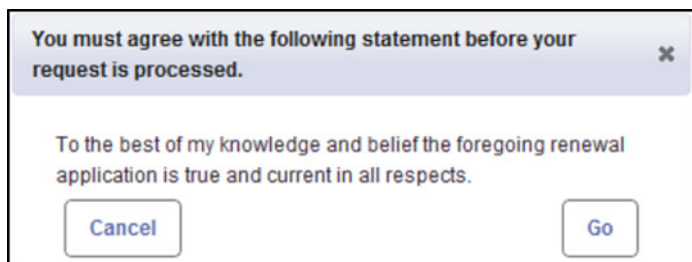Your DEA should be in the format *AB1234567* or *AB1234567-1234* if you are a resident.

| *CSPMP ID | |
| *DEA | |

| Login | Recover CSPMP ID | | Verify Email | Register |

3 Type your CSPMP ID number in the **CSPMP ID** field.

4 Type your DEA number in the **DEA** field.

5 Click **Login**. The Registration Information window is displayed.

6 If you wish to update your registration without making any additional changes, click **Update**;

Or

Make any necessary changes to your registration information, and then click **Update**.

Note: You may enter an alternate e-mail address in addition to the primary e-mail address you provided when you registered. If you enter an alternate e-mail address, you will need to verify that e-mail address. The e-mail verification code you receive will be specific to that e-mail address.

7 Click **Go** to update your registration information. A message displays indicating that your registration information was successfully updated.

4 General Policy Regarding Data Access

About This Chapter

This chapter describes how various entities may obtain access to data stored in the Arizona (AZ) CSPMP (Controlled Substances Prescription Monitoring Program) database. While providers (practitioners and pharmacists) may access data directly through RxSentry, other entities must submit their requests for data to the Arizona State Board of Pharmacy (ASBP). An ASBP staff member then handles each request.

This chapter describes ASBP's policy regarding data access.

Data Access

The following entities may obtain AZ CSPMP data:

A. Providers authorized to prescribe or dispense controlled substances for the purpose of providing medical or pharmaceutical care to a patient or evaluating a patient.

B. An individual who requests the individual's own controlled substances information.

C. Professional licensing boards with jurisdiction over health care disciplines pursuant to an ongoing complaint or investigation by the licensing board of a specific individual licensed by the board.

D. Local, State, and Federal law enforcement or Criminal Justice agencies pursuant to an ongoing complaint or investigation of a specific individual.

E. Arizona Health Care Cost Containment System (AHCCCS) administration pursuant to an ongoing complaint or investigation of a specific individual who receives services under A.R.S. Title 36, Chapter 29.

F. A court of competent jurisdiction pursuant to a lawful court order.

G. An entity requesting information for statistical, research, or educational purposes.

Access Methods for Requesting Entities

In the list above, entities A, C, D, and E represent the groups that may access data directly through RxSentry. The policy regarding this type of access and the procedures that must be used to obtain data access are included in Chapter 5, 6, 7, and 8.

All other entities listed above (B, F, and G) must submit a request for data to ASBP, which then handles the data access and retrieval. The policy regarding this type of access and the procedure that non-providers must use to request data are provided in Chapter 9.

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5   Policy and Procedure for Provider Access to AZ CSPMP Data

About This Chapter

This chapter describes ASBP's policy regarding provider access to AZ CSPMP data. It also includes the procedure that providers (practitioners and pharmacists) must use to (1) request access to data, (2) access data through RxSentry, and (3) access data for state other than AZ through RxSentry.

Notes:

- The procedure in this chapter applies to providers (practitioners and pharmacists) access only.

- Before requesting access to the database, a practitioner (MD, DO, DDS, DMD, DPM, HMD, PA, NP, ND, OD, or DVM) must first be registered with the Arizona Controlled Substances Prescription Monitoring Program by performing the steps in Chapter 3, Policy and Procedure for Practitioner Registration with the AZ CSPMP.

Policy Regarding Provider Access to AZ CSPMP Data

Providers authorized to prescribe or dispense controlled substances for the purpose of providing medical or pharmaceutical care to a patient or evaluating a patient may obtain data from the AZ CSPMP database.

Procedure for Provider Access

It is the provider's responsibility to request access to the AZ CSPMP database. The information in this procedure defines how to request access to the system, and how to log on to the system and perform basic queries.

Requesting Access (Providers)

1   Open an Internet browser window, type http://www.azpharmacy.gov in the address bar, and then press [**Enter**].

2   With your mouse, click the **Prescription Monitoring Program** link.

3   Click the **Get Database Access** link.

4   Select the appropriate option:
   - **Medical Practitioners**
   - **Pharmacists**

5   Click **Instructions**, and then follow the instructions for completing the **Prescriber/Dispenser Database Access Request Form**.

6 Click the **Prescriber/Dispenser Database Access Request Form**, and follow the instructions for completing and printing it.

> **Notes**:
>
> - You may complete the form online, and then click **Print Form**, or click **Print Form** to complete a print copy of the form.
> - Information entered into the form online is not saved.
> - This form is also included in Appendix B of this document.

7 Ensure you have selected your desired password, which must be eight (8) characters in length and contain at least one (1) capital character, one (1) lower case character, and one (1) numeric character.

8 Click the **Privacy Statement Form**, and follow the instructions for completing and printing it.

9 With the **Privacy Statement Form** displayed, click **Print Form**.

> **Note**: This form is also included in Appendix C of this document.

10 Sign, date, and have the **Prescriber/Dispenser Database Access Request Form** notarized.

11 Mail the **Prescriber/Dispenser Database Access Request Form** and the **Privacy Statement Form** to ASBP, along with a copy of your current Arizona Board License, DEA Registration, and Drivers License, to the address specified on the forms.

Once your request is approved, ASBP's technical expert, Health Information Designs (HID) will notify you via two separate e-mails. The notifications will include the following information:

- The first e-mail will include the CSPMP system logon ID you will use to access the system, which is typically your DEA number, and also confirm an approved password for accessing the system, which is typically the password proposed on the access request form.
- The second e-mail will provide a PIN, which will serve as a security check point. This PIN must be supplied if you have trouble with either the logon ID or password and request assistance from HID.

If you cannot supply your PIN to HID, you will be instructed to return to the ASBP Web site and follow the Procedure for Provider Access.

Note: All denied requests will be contacted by the ASBP.

After your registration is received and approved, continue to Logging On (Providers).

Accessing Data (Providers)

1 Open an Internet browser window, type https://azcspmp-ph.hidinc.com in the address bar, and then press [**Enter**].

2 Type your user name in the **User name** field.

3 Type your password in the **Password** field.

4 Click **OK**.

5 From the RxSentry home page, click **Practitioner/Pharmacist Query**. The following window is displayed:

You may query any recipient name, but before you can view the results of the query, you must authenticate the query by indicating the query is for a valid reason and that you have the potential to provide a service to the recipient's name that is being queried.

Note: Without selecting the **I accept the above conditions** check box, you will not be able to access the Practitioner/Pharmacist Query screen.

6 Select the **I accept the above conditions** check box. A window similar to the following is displayed:
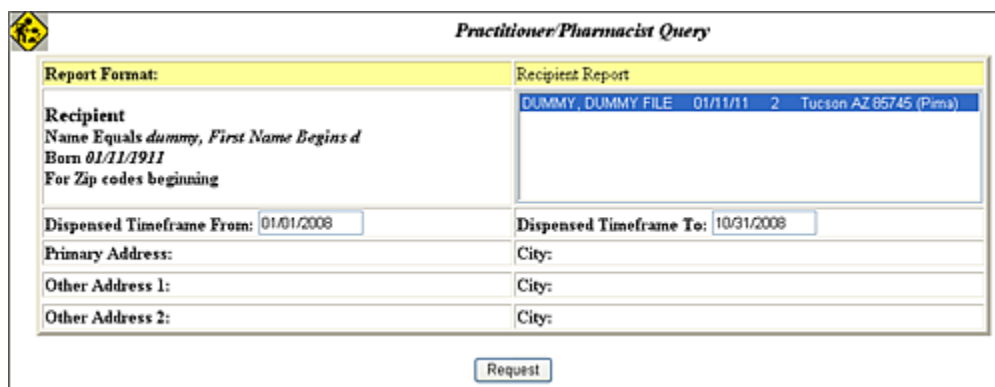
7 Complete the information on the **Practitioner/Pharmacist Query** window, using the field descriptions in the following table as a guideline:

Field Name	Usage
Recipient Name Last	Type the recipient's last name. You may use the "Begins with" or "Sounds like" options if the actual last name is not known. You may also search for a specific recipient by using partial text, for example, type *Smi* to display a list of recipients containing "Smi" in the first three letters of their last name.
Recipient Name First	Type the recipient's first name. You may use the "Begins with" or "Sounds like" options if the actual first name is not known. You may also search for a specific recipient by using partial text, for example, type *Tho* to display a list of recipients containing "Tho" in the first three letters of their first name.
Gender	Click the down arrow and select the gender of the recipients to include in your search.
Target DOB	Type the recipient's date of birth using the *mm/dd/yyyy* format.
Within	Used in conjunction with the **Date of Birth** field to specify a time range within which to match the date of birth.
County Selection	Narrow your search by selecting a specific county name, or accept the default option of "Statewide" to produce a wider range of results.
Zipcode selection	Narrow your search by typing a specific ZIP code, or leave this field blank to produce a wider range of results.
Dispensed Timeframe From	Use this field to enter a specific dispensing time frame start date, for example: *01/01/11* to *01/31/11*.
Dispensed Timeframe To	Use this field to enter a specific dispensing time frame end date, for example: *01/01/11* to *01/31/11*.

Table 1 – **Practitioner/Pharmacist Query Window Field Descriptions**

8 Once all criteria has been entered or selected, click **Submit**.

A window similar to the following is displayed:
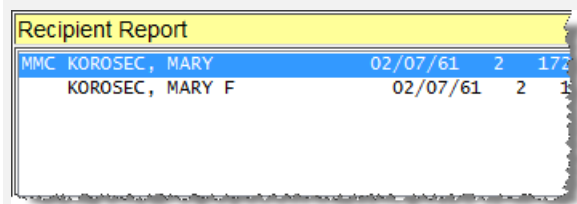
Note: If a recipient has a medical marijuana card, the indicator (MMC) will display next to the recipient's name:
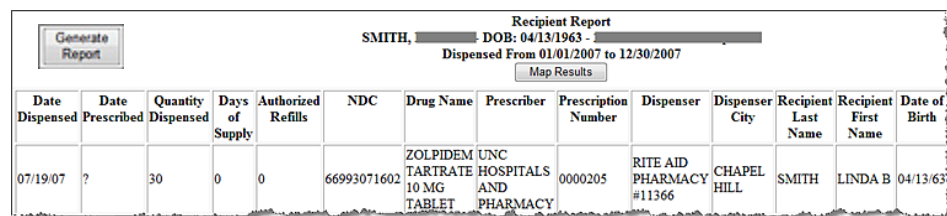
If a recipient with an MMC is selected for the query/report, the MMC indicator also displays on the online and printed reports.

9 From the **Recipient Report** section of this window, click the desired recipient's name. By default all recipients listed are selected. To select specific recipients from the list:

- Select a single value by clicking the value.
- Select multiple values, listed consecutively, by clicking the first value, holding down the **[Shift]** key, and then clicking the last value.
- Select multiple values, not listed consecutively, by holding down the **[Ctrl]** key while clicking each value.

10 Select either the Sort by Date Only or the Sort by Recipient by Date option, and then click **Request**. A window similar to the following is displayed:

11 Click **Generate Report** to begin the report processing. A message similar to the following is displayed:

Query 14121 has been created. View Query Status to retrieve report when query finishes running.

Note: The query will remain in the database for 14 days, after which it will be automatically removed.

Continue to View Query Status.

Multiple State Query (Providers)

The Multiple State Query is used to create queries that can be used to report information about recipient usage of controlled substances, including medical marijuana, for recipients in multiple states.

Notes:

- The Multiple State Query should not be used if the only data need is from the home state.
- Information regarding medical marijuana may not be available for recipients in all states.

Perform the following steps to create a Multiple State Query:

1 Log on to RxSentry.

2 From the home page, click **Multiple State Query**. The following window is displayed:

Multiple State Query
Arizona Liability statement for Provider access
I certify that I am have been approved by the State to access information in the controlled substance database.
I certify that the patient on whom I am requesting information is a current or prospective patient of mine or is a patient whom I am evaluating. I understand inappropriate access or disclosure of this information is a violation of state law and may result in disciplinary action by my licensing board and/or revocation of database access privileges.
☐ **I accept the above conditions**
Disclaimer: The information in this system may contain errors resulting from how the information was entered into the data file. Controlled Substance Reporting System staff suggests that additional independent verification with pharmacies and practitioners may sometime be prudent or necessary.
You MUST accept the above conditions before you can continue

You may query any recipient name, but before you can view the results of the query, you must authenticate the query by indicating the query is for a valid reason and that you have the potential to provide a service to the recipient whose name is being queried.

Note: Without selecting the I accept the above conditions check box, you will not be able to access the **Multiple State Query** screen.

3 Select the **I accept the above conditions** check box.

A window similar to the following is displayed:

Multiple State Query	
Request Information	
* **Disclosing State(s):**	North Dakota / South Carolina / Kansas / Arizona
Requestor Role:	Physician
Recipient Information	
* **Last Name:**	
* **First Name:**	
Identifier (SSN, Driver's License #, etc.):	
* **Date of Birth:**	(mm/dd/yyyy)
Gender:	All
Street Address:	
City:	
State:	All states
Zip Code (Blank for all):	
Dispensed Timeframe	
* **From:**	06/21/2011 (mm/dd/yyyy)
* **To:**	06/20/2012 (mm/dd/yyyy)
Sorting Options	
○ SORT by Date Only	
● SORT by Recipient by Date	
☑ Group results by state	
Submit * Required Information	

4 Complete the information on the Multiple State Query window, using the field descriptions in the following table as a guideline:

Field Name	Usage
Disclosing State(s)	(Required) Select the state(s) you wish to include in the query. **Notes**: ▪ The Multiple State Query should always include the home state. ▪ You may select multiple states by holding down the **[Ctrl]** key while clicking each value.
Requestor Role	This field is automatically populated with your RxSentry user role, for example, "Physician."
Recipient Name Last	(Required) Type the recipient's exact last name. Unlike practitioner/pharmacist queries, multiple state queries do not allow partial name matching. **Note**: Although multiple state queries do not support partial name matching, the system will return clustered results. For example, if you create a query for John Smith, DOB 01/01/1970, and there is a matching name that has been clustered with Johnny Smith, DOB 01/01/1971, both names will be returned in your report results.
Recipient Name First	(Required) Type the recipient's exact first name. Unlike practitioner/pharmacist queries, multiple state queries do not allow partial name matching.
Identifier	Type the recipient's identification number (social security number, driver's license number, etc.), if available.

Field Name	Usage
Date of Birth	(Required) Type the recipient's date of birth using the *mm/dd/yyyy* format.
Gender	Click the down arrow and select the gender of the recipients to include in your search. If in doubt, select the "All" option.
Street Address	Type the recipient's street address, if known, or leave this field blank to produce a wider range of results.
City	Type the recipient's city, if known, or leave this field blank to produce a wider range of results.
State	Click the down arrow and select the recipient's state, or select "All States" to produce a wider range of results.
Zip Code	Narrow your search by typing a specific ZIP code, or leave this field blank to produce a wider range of results.
Dispensed Timeframe From	(Required) Use this field to enter a specific start date for the dispensing time frame, for example, *01/01/2009*.
Dispensed Timeframe To	(Required) Use this field to enter a specific end date for the dispensing time frame, for example, *01/31/2009*.
Sorting Options	Click to select one of the following sort options: ▪ Sort by Date Only ▪ Sort by Recipient by Date
Group results by state	Select this option to sort result by state, or leave blank to view all the results in one table.

Table 2 – Multiple State Query Window Field Descriptions

5 Once all criteria has been entered or selected, click **Submit**.

A **Recipient Report** is displayed for each state you included in your query, similar to the following:

Note: In the above screen shot, the **Group results by state** option was selected.

6 To create a PDF of your search results, click **Generate Report,** and then continue to View Query Status.

View Query Status

This function allows you to check the status of a submitted query. The **Status** column on the **View Report Queue** window displays one of the following query statuses:

- **Approved/Queued** – the query has been approved and is processing.
- **Approved/Done** - the query has been approved, processed, and is available for viewing.

Perform the following steps to view the status of a query or several queries:

1 Log on to RxSentry.

2 From the home page, click **View Query Status**. A window similar to the following is displayed:

Note: The output format for all reports is portable document format (PDF).

3 If the report is ready for viewing, the **Job Sequence ID** field contains a hyperlink to the report. Click the hyperlink for the desired report. A window similar to the following is displayed:

4 Perform one of the following actions:

- Click **Open** to open the report for viewing.
- Click **Save** to save the report to a specific location for viewing at a later time.
- Click **Cancel** to return to the previous window.

Notes:

- By default, queries are available for viewing only by the user who submitted the query request. If desired, click the option displayed in the **Shared** column to choose to share or not share this query with another user. If you elect to share the query, a list of user names is displayed from which you can make your selection.
- If desired, click the option displayed in the **Remove?** column to remove this query from the queue. If you choose to remove the query, you will be prompted to confirm the removal.

6 Policy and Procedure for Law Enforcement Access to AZ CSPMP Data

About This Chapter

This chapter describes ASBP's policy regarding law enforcement access to AZ CSPMP data. It also includes the procedure that must be used to request access to data and to access data through RxSentry.

Note: Please note that the procedure in this chapter applies to **law enforcement access only**.

Policy Regarding Law Enforcement Access to AZ CSPMP Data

Local, State, and Federal law enforcement or Criminal Justice agencies pursuant to an ongoing complaint or investigation of a specific individual may obtain data from the AZ CSPMP database.

Procedure for Law Enforcement Access

It is the law enforcement agency's responsibility to request access to the AZ CSPMP database. The information in this procedure defines how to request access to the system, and how to log on to the system and perform basic queries.

Requesting Law Enforcement Access

1   Open an Internet browser window, type http://www.azpharmacy.gov in the address bar, and then press [**Enter**].

2   With your mouse, click the **Prescription Monitoring Program** link.

3   Click the **Get Database Access** link.

4   Click **Law Enforcement Access Request Form**, and follow the instructions for completing and printing it.

> **Notes**:
>
> - You may complete the form online, and then click **Print Form**, or click **Print Form** to complete a print copy of the form.
> - Information entered into the form online is not saved.
> - This form is also included in Appendix D of this document.

5 Click the **Privacy Statement Form**, and follow the instructions for completing and printing it.

> **Note**: This form is also included in Appendix C of this document.

6 Sign, date, and have the **Law Enforcement Access Request Form** notarized.

7 Mail the **Law Enforcement Access Request Form** and the **Privacy Statement Form** to ASBP, along with a copy of your current Department/Agency ID and Drivers License, to the address specified on the forms.

Once your access request form is approved, ASBP's technical expert, Health Information Designs (HID) will notify you via two separate e-mails. The notifications will include the following information:

- The first e-mail with include the CSPMP system logon ID you will use to access the system.
- The second e-mail will include the password you will use to access the system.

Before attempting to access the database, a requestor must have an affidavit available. Sample affidavits are available on the CSPMP web site and can be accessed by performing the following steps:

1 Open an Internet browser window, type http://www.azpharmacy.gov in the address bar, and then press [**Enter**].

2 With your mouse, click the **Prescription Monitoring Program** link, and then click **CSPMP Information**.

3 Click **Affidavit Submission Requirements**. Read and follow the instructions for affidavit submission.

4 Click **Law Enforcement Sample Affidavit**.

> **Note**: A sample affidavit is included in Appendix E of this document.

5 Click **Print Form**.

6 Complete the form, except for Request Number, and continue to Logging On (Law Enforcement).

> **Note**: An explanation of affidavit submission requirements is included in Appendix K of this document.

Logging On (Law Enforcement)

1   Open an Internet browser window, type https://azcspmp-le.hidinc.com in the address bar, and then press [**Enter**].

2   Type your user name in the **User name** field.

3   Type your password in the **Password** field.

4   Click **OK**.

5   From the RxSentry home page, click **Submit Query.** The following window is displayed:

An affidavit must be faxed prior to the release of any report.
Fax to 602-771-2748
The minimum requirements of the affidavit are:
1. The state and county in which affidavit is executed.
2. The name of the individual requesting the information as well as his/her job description and the law enforcement agency represented. The affiant must also state that he/she is over the age of 18 years.
3. A reference to the primary name and social security number and/or driver's license number of subject being investigated.
4. A statement that the information requested is pursuant to an open complaint or investigation. In accordance with Arizona Revised Statue 36-2604(C)(4) and Arizona Administrative Rules R4-23-503(C)(4)
5. A statement that the names, addresses and other identifying information presented in the request relate to the subject being investigated.
6. Signature of affiant and notarization.
☐   I accept the above conditions
Print   Print directions for your records.
You must accept the above conditions before you can continue

You may query any recipient name, but before you can view the results of the query, you must authenticate the query by indicating that you have an open complaint or investigation on the recipient's name that is being queried.

Note: Without selecting the **I accept the above conditions** check box, you will not be able to access the provider query screen.

6   Select the **I accept the above conditions** check box.

A window similar to the following is displayed:

7 Complete the information on the **Law Enforcement Report Request** window, using the field descriptions in the following table as a guideline:

Field Name	Usage
PDMP Account Id	Auto-populated with the PDMP account ID used to log on to the system.
Agency	Auto-populated with the agency name supplied when creating the account.
Your Case #	Type the reference number used by your agency to identify this case.
Requesting Officer	Auto-populated with the PDMP account ID used to log on to the system.
Request Date	Auto-populated with the current date.
Return Report by	Click the down arrow and select the desired query/report delivery method.
Telephone	Type your telephone number, using the format *123-456-7890*.
Fax Secure	If desired, type your fax number, using the format *123-456-7890*. Click the **Secure** check box to indicate that the fax line is secure (for sensitive material).
Email	Auto-populated with the e-mail address supplied when creating the account.

Field Name	Usage
Subject Name Last	Type the subject's last name. You may use the "Begins with" or "Sounds like" options if the actual last name is not known. You may also search for a specific subject by using partial text, for example, type *Smi* to display a list of subjects containing "Smi" in the first three letters of their last name.
Subject Name First	Type the subject's first name. You may use the "Begins with" or "Sounds like" options if the actual first name is not known. You may also search for a specific subject by using partial text, for example, type *Tho* to display a list of subjects containing "Tho" in the first three letters of their first name.
Born on	Type the recipient's date of birth using the *mm/dd/yyyy* format.
Within	Used in conjunction with the **Born on** field to specify a time range within which to match the date of birth.
Sex	Click the down arrow and select the gender of the recipients to include in your search.
Alias of #1 Name Alias of #2 Name Alias of #3 Name	Used to perform a query on a recipient who may be using more than one name. You may also perform a wildcard search using partial text, for example, type *Tho* is the **Field** in the **Alias #1 Name** section to display a list of aliases containing "Tho" in the first three letters of the alias last name. In the **Born** field, type the alias's date of birth using the *mm/dd/yyyy* format.
Dispensed Timeframe From	Use this field to enter a specific dispensing time frame start date, for example: *01/01/11*.
Dispensed Timeframe To	Use this field to enter a specific dispensing time frame end date, for example: *01/31/11*.
Purpose	Click the down arrow and select the appropriate reason for performing this query.
SSN	If known, type the subject's social security number, using the format *111-22-3333*.
County Selection	Narrow your search by selecting a specific county name, or accept the default option of "Statewide" to produce a wider range of results.
Zipcode selection	Narrow your search by typing a specific ZIP code, or leave this field blank to produce a wider range of results.
Primary Address	Type the subject's primary street address.
City	Type the name of the city in which the subject resides.

Field Name	Usage
Other Address 1 City Other Address 2 City	Type a street address and city in these fields to include in your query any other addresses at which the subject may reside.

Table 3 – Law Enforcement Report Request Window Field Descriptions

8 Once all criteria has been entered or selected, click **Submit**. A window similar to the following is displayed:

Note: The arrow in this screenshot indicates the location of the Request Number.

9 Click **Print** to print this form.

10 Place the **Request Number** on the affidavit.

11 Fax the notarized affidavit to 602-771-2748, or mail it to ASBP, P.O. Box 18520, Phoenix, AZ 85005 within two days of creating the query.

Your query request must be approved by ASBP. Approval typically occurs within a 24-hour period of AZ CSPMP's receipt of the notarized affidavit. After this time, continue to View Query Status.

Note: Your report report/query will remain in the database for 14 days, after which it will be automatically removed.

View Query Status

This function allows you to check the status of a submitted query. The **Status** column on the **View Report Queue** window displays one of the following query statuses:

- **Approved/Queued** – the query has been approved and is processing.
- **Approved/Done** - the query has been approved, processed, and is available for viewing.
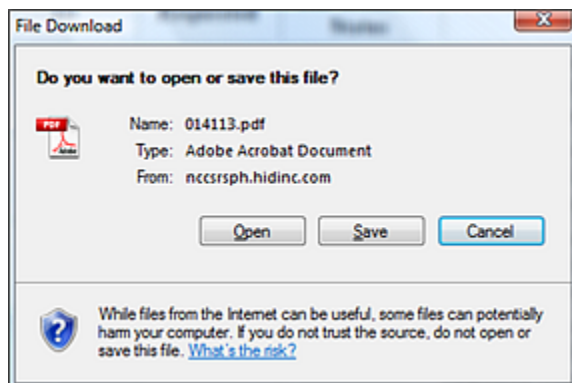
Perform the following steps to view the status of a query or several queries:

1   Log on to RxSentry.

2   From the home page, click **View Query Status**. A window similar to the following is displayed:

Job Sequence ID	Date Requested	Status	Report	Output	Shared	Remove?
48	11/04/08	Done	All Prescribers All Dispensers 2 out of 2 Recipient Selected From: Name Begins *dummy, d,* For Substance class 0 to 5	web	No	Remove
46	11/04/08	Done	All Prescribers All Dispensers 2 out of 2 Recipient Selected From: Name Begins *dummy, d,* For Substance class 0 to 5	web	No	Remove
44	11/03/08	Done	All Prescribers All Dispensers 1 out of 2 Recipient Selected From: Name Begins *dummy, d,* For Substance class 0 to 5	web	No	Remove

Note: The output format for all reports is portable document format (PDF).

3   If the report is ready for viewing, the **Job Sequence ID** field contains a hyperlink to the report. Click the hyperlink for the desired report. A window similar to the following is displayed:

4 Perform one of the following actions:

- Click **Open** to open the report for viewing.
- Click **Save** to save the report to a specific location for viewing at a later time.
- Click **Cancel** to return to the previous window.

Notes:

- By default, queries are available for viewing only by the user who submitted the query request. If desired, click the option displayed in the **Shared** column to choose to share or not share this query with another user. If you elect to share the query, a list of user names is displayed from which you can make your selection.
- If desired, click the option displayed in the **Remove?** column to remove this query from the queue. If you choose to remove the query, you will be prompted to confirm the removal.

7   Policy and Procedure for Licensing Board Access to AZ CSPMP Data

About This Chapter

This chapter describes ASBP's policy regarding licensing board access to AZ CSPMP data. It also includes the procedure that must be used to request access to data and to access data through RxSentry.

Note: Please note that the procedure in this chapter applies to **licensing board access only**.

Policy Regarding Licensing Board Access to AZ CSPMP Data

Professional licensing boards with jurisdiction over health care disciplines pursuant to an ongoing complaint or investigation by the licensing board of a specific individual licensed by the board may obtain data from the AZ CSPMP database.

Procedure for Licensing Board Access

It is the licensing board's responsibility to request access to the AZ CSPMP database. The information in this procedure defines how to request access to the system, and how to log on to the system and perform basic queries.

Requesting Licensing Board Access

1   Open an Internet browser window, type http://www.azpharmacy.gov in the address bar, and then press [**Enter**].

2   With your mouse, click the **Prescription Monitoring Program** link.

3   Click the **Get Database Access** link.

4   Click **Boards**.

5   Click **Professional Licensing Board Database Access Request Form**, and follow the instructions for completing and printing it.

   Notes:

   - You may complete the form online, and then click **Print Form**, or click **Print Form** to complete a print copy of the form.
   - Information entered into the form online is not saved.
   - This form is also included in Appendix F of this document.

6   Click the **Privacy Statement Form**, and follow the instructions for completing and printing it.

> **Note**: This form is also included in Appendix C of this document.

7   Sign, date, and have the **Professional Licensing Board Database Access Request Form** notarized.

8   Mail the **Professional Licensing Board Database Access Request Form** and the **Privacy Statement Form** to ASBP, along with a copy of your current Department/Agency ID and Drivers License, to the address specified on the forms.

Once your access request form is approved, ASBP's technical expert, Health Information Designs (HID) will notify you via two separate e-mails. The notifications will include the following information:

- The first e-mail with include the CSPMP system logon ID you will use to access the system.
- The second e-mail will include the password you will use to access the system.

Before attempting to access the database, a requestor must have an affidavit available. Sample affidavits are available on the CSPMP web site and can be accessed by performing the following steps:

1   Open an Internet browser window, type http://www.azpharmacy.gov in the address bar, and then press [**Enter**].

2   With your mouse, click the **Prescription Monitoring Program** link, and then click **CSPMP Information**.

3   Click **Affidavit Submission Requirements**. Read and follow the instructions for affidavit submission.

4   Click the **Board Sample Affidavit**.

> **Note**: A sample affidavit is located in Appendix G of this document.

5   Click **Print Form**.

6   Complete the form, except for Requestor Number, and continue to Logging On (Licensing Boards).

> **Note**: An explanation of affidavit submission requirements is included in Appendix K of this document.

Logging On (Licensing Boards)

1 Open an Internet browser window, type https://azcspmp-lb.hidinc.com in the address bar, and then press [**Enter**].

2 Type your user name in the **User name** field.

3 Type your password in the **Password** field.

4 Click **OK**.

5 From the RxSentry home page, click **Submit Query.** The following window is displayed:

An affidavit must be faxed prior to the release of any report.
Fax to 602-771-2748
The minimum requirements of the affidavit are:
1. The state and county in which affidavit is executed.
2. The name of the individual requesting the information as well as his/her job description and the name of agency represented. The affiant must also state that he/she is over the age of 18 years.
3. A statement that the information requested is pursuant to an open complaint or investigation. In accordance with Arizona Revised Statue 36-2604(C)(4) and Arizona Administrative Rules R4-23-503(C)(4)
5. A statement that the names, addresses and other identifying information presented in the request relate to the subject being investigated.
6. Signature of affiant and notarization.
☐   I accept the above conditions
Print   Print directions for your records.
You must accept the above conditions before you can continue

Note: Without selecting the **I accept the above conditions** check box, you will not be able to access the provider query screen.

6 Select the **I accept the above conditions** check box. A window similar to the following is displayed:

Note: Licensing boards can perform queries only by Prescriber and not by Dispenser or Recipient.

7 Complete the information on the **Query/Report Claims** window, using the field descriptions in the following table as a guideline:

Field Name	Usage
Prescriber Last Name begins with	Type the prescriber's last name. You may also search for a specific recipient by using partial text, for example, type *Smi* to display a list of recipients containing "Smi" in the first three letters of their last name.
Region/County Selection	Narrow your search by selecting a specific county name, or accept the default option of "Statewide" to produce a wider range of results.
Zipcode selection	Narrow your search by typing a specific ZIP code, or leave this field blank to produce a wider range of results.

Table 4 – Licensing Board Query Report Claims Window Field Descriptions

8 Once all criteria has been entered or selected, click **Submit**. A window similar to the following is displayed:

Note: For viewing purposes, this window is displayed in two screenshots in this document.

9 Select the desired prescriber in the **Prescriber** field, scrolling through the list of values as necessary.

10 Select the substance class range in the **Substance Class** fields.

11 Select a date range in the **Include Claims Prescribed from Date** fields.

12 In the next section of this window, select the fields you wish to include in your query:

13 Select **Batch – Web Output** in the **Viewed How** field.

14 Select **With Pipe Characters** in the **Delimit File Output How** field.

15 Click **Request**. A window similar to the following is displayed:

Note: The arrow in this screenshot indicates the location of the Query Number.

16 Place the **Query Number** on the affidavit in the **Request Number** field.

17 Fax the notarized affidavit to 602-771-2748, or mail it to ASBP, P.O. Box 18520, Phoenix, AZ 85005 within two days of creating the query.

Your query request must be approved by ASBP. Approval typically occurs within a 24-hour period of AZ CSPMP's receipt of the notarized affidavit. After this time, continue to View Query Status.

Note: Your report report/query will remain in the database for 14 days, after which it will be automatically removed.

View Query Status

This function allows you to check the status of a submitted query. The **Status** column on the **View Report Queue** window displays one of the following query statuses:

- **Approved/Queued** – the query has been approved and is processing.
- **Approved/Done** – the query has been approved, processed, and is available for viewing.

Perform the following steps to view the status of a query or several queries:

1 Log on to RxSentry.

2 From the home page, click **View Query Status**. A window similar to the following is displayed:

Job Sequence ID	Date Requested	Status	Report	Output	Shared	Remove?
48	11/04/08	Done	All Prescribers All Dispensers 2 out of 2 Recipient Selected From: Name Begins *dummy, d,* For Substance class 0 to 5	web	No	Remove
46	11/04/08	Done	All Prescribers All Dispensers 2 out of 2 Recipient Selected From: Name Begins *dummy, d,* For Substance class 0 to 5	web	No	Remove
44	11/03/08	Done	All Prescribers All Dispensers 1 out of 2 Recipient Selected From: Name Begins *dummy, d,* For Substance class 0 to 5	web	No	Remove

Note: The output format for all reports is portable document format (PDF).

3 If the report is ready for viewing, the **Job Sequence ID** field contains a hyperlink to the report. Click the hyperlink for the desired report.

A window similar to the following is displayed:

4 Perform one of the following actions:

- Click **Open** to open the report for viewing.
- Click **Save** to save the report to a specific location for viewing at a later time.
- Click **Cancel** to return to the previous window.

Notes:

- By default, queries are available for viewing only by the user who submitted the query request. If desired, click the option displayed in the **Shared** column to choose to share or not share this query with another user. If you elect to share the query, a list of user names is displayed from which you can make your selection.

- If desired, click the option displayed in the **Remove?** column to remove this query from the queue. If you choose to remove the query, you will be prompted to confirm the removal.

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8   Policy and Procedure for AHCCCS Administration Access to AZ CSPMP Data

About This Chapter

This chapter describes ASBP's policy regarding Arizona Health Care Cost Containment System (AHCCCS) Administration access to AZ CSPMP data. It also includes the procedure that must be used to request access to data and to access data through RxSentry.

Note: Please note that the procedure in this chapter applies to **AHCCCS Administration access only**.

Policy Regarding AHCCCS Administration Access to AZ CSPMP Data

Arizona Health Care Cost Containment System (AHCCCS) Administration pursuant to an ongoing complaint or investigation of a specific individual who receives services under *A.R.S. Title 36, Chapter 29* may obtain data from the AZ CSPMP database.

Procedure for AHCCCS Administration Access

It is the AHCCCS Administration's responsibility to request access to the AZ CSPMP database. The information in this procedure defines how to request access to the system, and how to log on to the system and perform basic queries.

Requesting AHCCCS Administration Access

1   Open an Internet browser window, type http://www.azpharmacy.gov in the address bar, and then press [**Enter**].

2   With your mouse, click the **Prescription Monitoring Program** link.

3   Click the **Get Database Access** link.

4   Click **AHCCCS**.

5   Click **AHCCCS Administration Access Request Form**, and follow the instructions for completing and printing it.

   Notes:
   ▪   You may complete the form online, and then click **Print Form**, or click **Print Form** to complete a print copy of the form.
   ▪   Information entered into the form online is not saved.

- ▪ This form is also included in Appendix H of this document.

6 Click the **Privacy Statement Form**, and follow the instructions for completing and printing it.

   Note: This form is also included in Appendix C of this document.

7 Sign, date, and have the **AHCCCS Administration Access Request Form** notarized.

8 Mail the **AHCCCS Administration Access Request Form** and the **Privacy Statement Form** to ASBP, along with a copy of your current Department/Agency ID and Driver's License, to the address specified on the forms.

Once your access request form is approved, ASBP's technical expert, Health Information Designs (HID) will notify you via two separate e-mails. The notifications will include the following information:

- ▪ The first e-mail with include the CSPMP system logon ID you will use to access the system.
- ▪ The second e-mail will include the password you will use to access the system.

Before attempting to access the database, a requestor must have an affidavit available. Sample affidavits are available on the CSPMP web site and can be accessed by performing the following steps:

1 Open an Internet browser window, type http://www.azpharmacy.gov in the address bar, and then press [**Enter**].

2 With your mouse, click the **Prescription Monitoring Program** link, and then click **CSPMP Information**.

3 Click **Affidavit Submission Requirements**. Read and follow the instructions for affidavit submission.

4 Click **AHCCCS Administration Sample Affidavit**.

   Note: A sample affidavit is included in Appendix I of this document.

5 Click **Print Form**.

6 Complete the form, except for Requestor Number, and continue to Logging On (AHCCCS).

   Note: An explanation of affidavit submission requirements is included in Appendix K of this document.

Logging On (AHCCCS Administration)

1 Open an Internet browser window, type https://azcspmp-lb.hidinc.com in the address bar, and then press [**Enter**].

2 Type your user name in the **User name** field.

3 Type your password in the **Password** field.

4 Click **OK**.

5 From the RxSentry home page, click **Submit Query**. The following window is displayed:

An affidavit must be faxed prior to the release of any report.
Fax to 602-771-2748
The minimum requirements of the affidavit are:
1. The state and county in which affidavit is executed.
2. The name of the individual requesting the information as well as his/her job description and the name of agency represented. The affiant must also state that he/she is over the age of 18 years.
3. The Name of Agency conducting an investigation involving (Names/s of Subject).
4. A statement that the information requested is pursuant to an open complaint or investigation. In accordance with Arizona Revised Statue 36-2604(C)(4) and Arizona Administrative Rules R4-23-503(C)(4)
5. A statement that the names, addresses and other identifying information presented in the request relate to the subject being investigated.
6. Signature of affiant and notarization
☐   I accept the above conditions
Print   Print directions for your records.
You must accept the above conditions before you can continue

You may query any recipient name who receives services under *A.R.S. Title 36, Chapter 29*, but before you can view the results of the query, you must authenticate the query by indicating that you have an open complaint or investigation on the recipient's name that is being queried.

Note: Without selecting the **I accept the above conditions** check box, you will not be able to access the provider query screen.

6 Select the **I accept the above conditions** check box.

A window similar to the following is displayed:

Note: AHCCCS can perform queries only by Recipient and not by Prescriber or Dispenser.

7   Complete the information on the **Query Report Claims** window, using the field descriptions in the following table as a guideline:

Field Name	Usage
Recipient Name Last	Type the recipient's last name. You may use the "Begins with" or "Sounds like" options if the actual last name is not known. You may also search for a specific recipient by using partial text, for example, type *Smi* to display a list of recipients containing "Smi" in the first three letters of their last name.
Recipient Name First	Type the recipient's first name. You may use the "Begins with" or "Sounds like" options if the actual first name is not known. You may also search for a specific recipient by using partial text, for example, type *Tho* to display a list of recipients containing "Tho" in the first three letters of their first name.
Sex	Click the down arrow and select the gender of the recipients to include in your search.
Target DOB	Type the recipient's date of birth using the *mm/dd/yyyy* format.
Within	Used in conjunction with the **Date of Birth** field to specify a time range within which to match the date of birth.
Region/County Selection	Narrow your search by selecting a specific county name, or accept the default option of "Statewide" to produce a wider range of results.
Zipcode selection	Narrow your search by typing a specific ZIP code, or leave this field blank to produce a wider range of results.

Table 5 – AHCCCS Administration Query Report Claims Window Field Descriptions

8 Once all criteria has been entered or selected, click **Submit.** A window similar to the following is displayed:

Note: For viewing purposes, this window is displayed in two screenshots in this document.

9 Select the desired recipient within the **Recipient** field, scrolling through the list as necessary.

10 Select the substance class range in the **Substance Class** fields.

11 Select a date range in the **Include Claims Prescribed from Date** fields.

12 In the next section of this window, select the fields you wish to include in your query:

13 Select **Batch – Web Output** in the **Viewed How** field.

14 Select **With Pipe Characters** in the **Delimit File Output How** field.

15 Click **Request**. A window similar to the following is displayed:

Note: The arrow in this screenshot indicates the location of the Query Number.

16 Place the **Query Number** on the affidavit in the **Request Number** field.

17 Fax the notarized affidavit to 602-771-2748, or mail it to ASBP, P.O. Box 18520, Phoenix, AZ 85005 within two days of creating the query.

Your query request must be approved by ASBP. Approval typically occurs within a 24-hour period of AZ CSPMP's receipt of the notarized affidavit. After this time, continue to View Query Status.

Note: Your report report/query will remain in the database for 14 days, after which it will be automatically removed.

View Query Status

This function allows you to check the status of a submitted query. The **Status** column on the **View Report Queue** window displays one of the following query statuses:

- **Approved/Queued** – the query has been approved and is processing.
- **Approved/Done** – the query has been approved, processed, and is available for viewing.

Perform the following steps to view the status of a query or several queries:

1 Log on to RxSentry.

2 From the home page, click **View Query Status**. A window similar to the following is displayed:

Job Sequence ID	Date Requested	Status	Report	Output	Shared	Remove?
48	11/04/08	Done	All Prescribers All Dispensers 2 out of 2 Recipient Selected From: Name Begins *dummy, d,* For Substance class 0 to 5	web	No	Remove
46	11/04/08	Done	All Prescribers All Dispensers 2 out of 2 Recipient Selected From: Name Begins *dummy, d,* For Substance class 0 to 5	web	No	Remove
44	11/03/08	Done	All Prescribers All Dispensers 1 out of 2 Recipient Selected From: Name Begins *dummy, d,* For Substance class 0 to 5	web	No	Remove

Note: The output format for all reports is portable document format (PDF).

3 If the report is ready for viewing, the **Job Sequence ID** field contains a hyperlink to the report. Click the hyperlink for the desired report.

A window similar to the following is displayed:

4   Perform one of the following actions:
   ▪   Click **Open** to open the report for viewing.
   ▪   Click **Save** to save the report to a specific location for viewing at a later time.
   ▪   Click **Cancel** to return to the previous window.

Notes:

▪   By default, queries are available for viewing only by the user who submitted the query request. If desired, click the option displayed in the **Shared** column to choose to share or not share this query with another user. If you elect to share the query, a list of user names is displayed from which you can make your selection.

▪   If desired, click the option displayed in the **Remove?** column to remove this query from the queue. If you choose to remove the query, you will be prompted to confirm the removal.

9 Policy and Procedure for Requests for AZ CSPMP Data

About This Chapter

This chapter describes ASBP's policy regarding requests for AZ CSPMP data from the entities listed in the section below.

Policy Regarding Requests for AZ CSPMP Data

ASBP may provide data from the AZ CSPMP database for the following entities, after the appropriate request has been made:

- An individual who requests the individual's own controlled substances information.
- A court of competent jurisdiction pursuant to a lawful court order.
- An entity requesting information for statistical, research, or educational purposes.

Procedure for Individuals' Requests for Data

Individuals requesting access to their personal controlled substance prescription information must perform the following steps:

1 Open an Internet browser window, type http://www.azpharmacy.gov in the address bar, and then press [**Enter**].

2 With your mouse, click the **Prescription Monitoring Program** link.

3 Click the **Get Database Access** link.

4 Click **Patients**.

5 Click **Individual's Own Access Request Form**, and follow the instructions for completing it.

   Note: This form is also included in Appendix J of this document.

6 Click **Print Form**.

7 Sign, date, and have the form notarized.

8 Mail the form to ASBP, along with a copy of your current Drivers License or other government-issued identification, to the address specified on the form.

   Note: A report can be faxed or mailed, or you may pick the report up at the Board office. Please indicate on the **Individual's Own Access Request Form** which method of delivery is desired.

Procedure for Court Order Requests for an Individual's Data

A court of competent jurisdiction by court order may request access to an individual's controlled substance prescription information by mailing the signed Court Order to ASBP at the following address: Arizona State Board of Pharmacy, P.O. Box 18520, Phoenix, AZ 85005; or delivering in person the signed Court Order to ASBP at the following address: Arizona State Board of Pharmacy, Controlled Substances Prescription Monitoring Program, 1616 W. Adams, Suite 120, Phoenix, Arizona 85007.

The report will be mailed or faxed to the court.

Procedure for Requesting Data for Statistical, Research, or Educational Purposes

An entity may request information from the AZ CSPMP database for statistical, research, or educational purposes by performing the following steps:

1 Prepare a request that includes the following items:
- The purpose for request
- A timeframe, for example, from 1/1/11 to 12/31/11
- A geographic area for the search, for example, by ZIP code(s), city(ies), county(ies), or the entire state.

2 Mail the request to ASBP at the following address:

Arizona State Board of Pharmacy
Controlled Substances Prescription Monitoring Program
P.O. Box 18520
Phoenix, Arizona 85005

The report will be mailed or faxed to you.

Note: Data will be redacted and will not contain any patient or practitioner specific information.

10 Assistance and Support

Technical Assistance

If you need additional help with any of the procedures outlined in this guide, you can:

Contact HID at azpdm-info@hidinc.com

Or

Call 1-866-792-3149

Technical assistance is available from 8:00 am – 5:00 pm CT (Central Time).

Administrative Assistance

If you have any non-technical questions regarding the Arizona Controlled Substance Prescription Monitoring Program, please contact:

Dean Wright
Arizona State Board of Pharmacy
1616 W. Adams, Suite 120
Phoenix, AZ 85007
(602) 771-2744; fax (602) 771-2748
dwright@azpharmacy.gov

Mailing address: P.O. Box 18520
                              Phoenix, AZ 85005

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11   Document Information

Copyright Notice and Trademarks

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391 Industry Drive
Auburn, AL 36832

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Disclaimer

HID has made every effort to ensure the accuracy of the information in this document at the time of printing. However, information may change without notice.

Formatting Conventions

The following formatting conventions are used throughout this document.

Format	Used to Designate…
Bold	References to execution buttons, windows, file names, menus, icons, or options
Times New Roman Italic	Text you must type in a field or window, for example, *\\server_name\printer_name for a network printer*
[Blue underline](#)	Hyperlinks to other sections of this document or external websites
Italic text	Reference to this document, external document, or external resource

Table 6 – Text Formats

Version History

The Version History records the publication history of this document. See the Change Log for more details regarding the changes and enhancements included in each version.

Publication Date	Version Number	Comments
09/01/2008	1.0	Initial delivery
11/04/2008	1.1	Revised publication
04/15/2009	1.2	Revised publication
11/20/2009	1.3	Revised publication
08/10/2010	1.4	Revised publication
04/13/2012	1.5	Revised publication
06/19/2012	1.6	Revised publication

Table 7 – Document Version History

Change Log

The Change Log records the changes and enhancements included in each version.

Version Number	Chapter/Section	Change
1.0	N/A	N/A
1.1	All	Screenshots updated
1.2	All	Updated Web site navigation in all topics describing how to register for access to the AZ CSPMP.
1.3	Ch 5/ Policy and Procedure for Provider Access to AZ CSPMP Data	Screenshot in provider log on topic updated.
1.4	Ch 10/Assistance and Support	"Technical Assistance" topic modified to change support hours to 8:00 am – 5:00 pm CT
1.5	Chapter 3/Procedure for Registering with the AZ CSPMP	Added the new procedure for registering a practitioner with the new registration web portal
	Chapter 3/Procedure for Updating Your CSPMP Registration	Added the new procedure for updating practitioner registration information with the new registration web portal
	Global	Updated AZBP physical address and mailing address
	Appendix A	Updated Prescriber Registration Form

Version Number	Chapter/Section	Change
	Appendices B, D, H, F, J	Updated Access Request Forms
	Appendix C	Updated Privacy Statement Form
1.6	- Chapter 5/Procedure for Provider Access - Chapter 6/Procedure for Law Enforcement Access - Chapter 7/Procedure for Licensing Board Access - Chapter 8/Procedure for AHCCCS Administration Access - Chapter 9/Procedure for Individuals' Requests for Data	Changed terminology in steps 2 and 3 to reflect the updates and new links on the Board home page
	Appendices A, B, C, D, F, H, J	Updated fax number on all forms
	Chapter 5/Accessing Data (Providers)	- Changed section name from "Logging On (Providers)" to "Accessing Data (Providers)" - Added note about MMC patients
	Chapter 5/Multiple State Query	Added new topic

Table 8 – Document Change Log

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Appendix A: Prescription Monitoring Program Registration Form

ARIZONA STATE BOARD OF PHARMACY
P. O. Box 18520 Phoenix, AZ 85005
p) 602-771-2727   f) 602-771-2748
www.azpharmacy.gov

CONTROLLED SUBSTANCES PRESCRIPTION MONITORING PROGRAM REGISTRATION
(Attach a copy of your current AZ license & DEA registration) (There is
NO FEE to register - call 602-771-2744 for questions/details)

PRACTITIONER TYPE

☐ MD   ☐ DO   ☐ DDS   ☐ DMD   ☐ DPM
☐ NP   ☐ PA   ☐ OD   ☐ ND   ☐ NMD   ☐ DVM

PRACTITIONER INFORMATION

Name:

Practice Address:

Street and Number	City	State	Zip

E-Mail	Phone	Fax

Mailing Address: (if different)

Street and Number	City	State	Zip

DEA:

Registration Number	Effective From	Effective To

State License:

License Number	Effective From	Effective To

Practice Facility Name:

PRESCRIBING / DISPENSING INFORMATION

Does the medical practitioner dispense Schedule II, III, or IV controlled substances to patients for take home use?

☐ YES   ☐ NO   (mark "NO" if you only dispense samples)

If yes, the medical practitioner must comply with the reporting requirements of A.R.S. § 36-2608. A dispensing medical practitioner will be contacted with details about reporting dispensed prescription information to the Board.

Please check all controlled substance schedules the medical practitioner is allowed to prescribe/dispense:

☐ 2   ☐ 2N   ☐ 3   ☐ 3N   ☐ 4   ☐ 5

To the best of my knowledge and belief the foregoing application is true and current in all respects.

_____   _____
(Signature)   (Date)

Title II of the Americans with Disabilities ACT prohibits the Arizona State Board of Pharmacy from discrimination on the basis of disability. This material is available in an alternate format upon request.

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Appendix B: Prescriber/Dispenser Database Access Request Form

ARIZONA STATE BOARD OF PHARMACY
P. O. Box 18520 Phoenix, AZ 85005
p) 602-771-2727   f) 602-771-2748
www.azpharmacy.gov

PRESCRIBER / DISPENSER DATABASE ACCESS REQUEST FORM

☐ New   ☐ Update   ☐ Terminate

Please print or type, and use full name (first, middle initial, last, suffix (Jr., Sr., II, III, etc.))

Full Name:
SSN: DOB:
Professional Title

☐ RPH   ☐ MD   ☐ DO   ☐ DDS   ☐ DMD   ☐ DPM
☐ NP   ☐ PA   ☐ OD   ☐ ND   ☐ NMD   ☐ HMD

State Board License Number / Expiration Date   DEA Number / Expiration Date

Email Address:
Facility Name:
Facility Address:
City / County: State / Zip:
Phone Number: Fax Number:
Proposed Password: (Must contain at least 8 characters: at least 1 capital letter, 1 lowercase letter, and 1 number. Must NOT contain dictionary words or names. View Access Procedures for assistance.)

Prescriber / Dispenser's Signature: _____

Subscribed and sworn to before me in the County of _____, State of _____

this _____ day of _____, 20____.

                                              _____
                                                        NOTARY PUBLIC

Notary Public Seal   My Commission expires: _____

Pursuant to A.R.S. § 36-2610, a person who is granted access to information from the program and who knowingly discloses the information in a manner inconsistent with a legitmate professional of regulatory purpose, a legitimate law enforcement purpose, the terms of a court order or as otherwise expressly authorized by A.R.S. Title 36, Chapter 28 is guilty of a class 6 felony.

Mail the following items to the ASBP Controlled Substances Prescription Monitoring Program:
* Notarized Database Access Form
* Signed Copy of Privacy Statement
* Copies of Current AZ Board License, DEA Registration,
  and Driver's License

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Appendix C: Privacy Statement

ARIZONA STATE BOARD OF PHARMACY
P. O. Box 18520 Phoenix, AZ 85005
p) 602-771-2727   f) 602-771-2748
www.azpharmacy.gov

PRIVACY STATEMENT

Statutory Authority:
Section 2602 of Arizona Revised Statutes Title 36, Chapter 28, the Arizona Controlled Substances Prescription Monitoring Program Act, requires the Arizona State Board of Pharmacy (ASBP) to establish a computerized central database tracking system to track the prescribing, dispensing, and consumption of Schedule II, III, and IV controlled substances dispensed by a medical practitioner or by a pharmacy. The purpose of the program is to improve the State's ability to identify controlled substances abusers or misusers and refer them for treatment, and to identify and stop diversion of controlled substances in an efficient and cost effective manner that will not impede the appropriate medical utilization of licit controlled substances.

Access to Information:
A.R.S. § 36-2604 (C) (1) authorizes ASBP to release data from the Controlled Substances Prescription Monitoring Program (CSPMP) to persons authorized to prescribe or dispense controlled substances for the purpose of providing medical or pharmaceutical care to a patient or to evaluate a patient.

A.R.S. § 36-2604 (C) (3), (4), and (5) authorizes ASBP to release data from the CSPMP to a professional licensing board, a local, state, or federal law enforcement agency or criminal justice agency, and the Arizona Health Care Cost Containment System (AHCCCS) Administration, after receiving a written request that states that the information is necessary for an open investigation or complaint.

Unlawful Disclosure:
Any person who is granted access to the information in the CSPMP database and who knowingly discloses the information in a manner inconsistent with a legitimate professional or regulatory purpose, a legitimate law enforcement purpose, the terms of a court order, or as otherwise expressly authorized by A.R.S. Title 36, Chapter 28 is guilty of a Class 6 felony.

I understand that inappropriate access or disclosure of this information is a violation of Arizona law and may result in disciplinary action by my licensing board and/or revocation of database access privileges.

Account Agreement:
By signing this agreement I hereby agree to follow the security and password policies of the Controlled Substances Prescription Monitoring Program. I agree to not disclose nor misrepresent any data or protected health information to any unauthorized person or party. I agree that I will not share my account information, login name, or password with anyone, even if they are authorized users of the program.

Signature: _____   Date: _____

Print Name: _____

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Appendix D: Law Enforcement Access Request Form

ARIZONA STATE BOARD OF PHARMACY
P. O. Box 18520 Phoenix, AZ 85005
p) 602-771-2727   f) 602-771-2748
www.azpharmacy.gov

LAW ENFORCEMENT DATABASE ACCESS REQUEST FORM

In accordance with A.R.S. § 36-2604, "local, state, and federal law enforcement authorities... may have access to prescription information after making written request to the Board stating that the information is necessary for an open investigation or complaint."

All fields are required. Mail completed form to the address above.

OFFICER'S INFORMATION

First Name:	Last Name:
Title:	AZPost Cert. No.:
SSN:	DOB:
Email Address:	

AGENCY'S INFORMATION

Agency Name:	
Agency Address:	
City / County:	State / Zip Code:
Phone Number:	Fax Number:

CHIEF LAW ENFORCEMENT OFFICER'S INFORMATION

First Name:	Last Name:
Title:	
Phone Number:	Fax Number:
Email Address:	

Signature: _____ Date: _____

Subscribed and sworn to before me in the County of _____, State of _____

this _____ day of _____, 20____.

_____
NOTARY PUBLIC

Notary Public Seal   My Commission expires: _____

Pursuant to A.R.S. § 36-2610, a person who is granted access to information from the program and who knowingly discloses the information in a manner inconsistent with a legitimate professional of regulatory purpose, a legitimate law enforcement purpose, the terms of a court order or as otherwise expressly authorized by A.R.S. Title 36, Chapter 28 is guilty of a class 6 felony.

Mail the following items to the ASBP Controlled Substances Prescription Monitoring Program:
* Notarized Database Access Form
* Signed Copy of Privacy Statement
* Copy of Current Department / Agency ID
* Copy of Current Drivers License

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Appendix E: Law Enforcement Sample Affidavit

State of Arizona
(Name of County)

(Request Number: _____)

1. I, (Name), am a (Title) with the (Name of Agency). I am over the age of eighteen.

2. The (Name of Agency) is conducting an investigation involving (Name/s of Suspect), (SSN: _____) or Arizona DL# is (_____).

3. In accordance with Arizona Revised Statute § 36-2604(C)(4) and Arizona Administrative Rules R4-23-503(C)(4), the information requested is pursuant to an open complaint or investigation.

4. All information, including names, addresses, and other identifying information, presented in the request only relate to the subject being investigated.

_____   _____
(Printed Name)   Signature
(Title)
(Agency Name)

Subscribed and sworn to before me in the County of _____, State of
_____, this _____ day of _____, 20___.

                                        _____
                                                  NOTARY PUBLIC

Notary Public Seal   My Commission expires: _____

Note: This is not a required format. This resource is provided to assist you in complying with the CSPMP minimum requirements.

** Office Use Only **

LESampleAffidavit0708   Date Received:

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Appendix F: Licensing Board Access Request Form

ARIZONA STATE BOARD OF PHARMACY
P. O. Box 18520 Phoenix, AZ 85005
p) 602-771-2727   f) 602-771-2748
www.azpharmacy.gov

PROFESSIONAL LICENSING BOARD DATABASE ACCESS REQUEST FORM

In accordance with A.R.S. § 36-2604, "a professional licensing board... may have access to prescription information after making written request to the Board stating that the information is necessary for an open investigation or complaint."

All fields are required. Mail completed form to the address above.

INVESTIGATOR'S INFORMATION

First Name:	Last Name:
Title:	State EIN:
SSN:	DOB:
Email Address:	

AGENCY'S INFORMATION

Agency Name:	
Agency Address:	
City / County:	State / Zip Code:
Phone Number:	Fax Number:

EXECUTIVE DIRECTOR'S INFORMATION

First Name:	Last Name:
Title:	
Phone Number:	Fax Number:
Email Address:	

Signature: _____ Date: _____

Subscribed and sworn to before me in the County of _____, State of _____

this _____ day of _____, 20_____.

_____
NOTARY PUBLIC

Notary Public Seal   My Commission expires: _____

Pursuant to A.R.S. § 36-2610, a person who is granted access to information from the program and who knowingly discloses the information in a manner inconsistent with a legitmate professional of regulatory purpose, a legitimate law enforcement purpose, the terms of a court order or as otherwise expressly authorized by A.R.S. Title 36, Chapter 28 is guilty of a class 6 felony.

Mail the following items to the ASBP Controlled Substances Prescription Monitoring Program:
* Notarized Database Access Form
* Signed Copy of Privacy Statement
* Copy of Current Department / Agency ID
* Copy of Current Drivers License

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Appendix G: Licensing Board Sample Affidavit

State of Arizona
(Name of County)

(Request Number: _____)

1. I, (Name), am a (Title) with the (Name of Agency). I am over the age of eighteen.

2. The (Name of Agency) is conducting an investigation involving (Name/s of Subject).

3. In accordance with Arizona Revised Statute § 36-2604(C)(3) and Arizona Administrative Rules R4-23-503(C)(3), the information requested is pursuant to an open complaint or investigation.

4. All information, including names, addresses, and other identifying information, presented in the request only relate to the subject being investigated.

_____   _____
(Printed Name)   Signature
(Title)
(Agency Name)

Subscribed and sworn to before me in the County of _____, State of
_____, this _____ day of _____, 20____.

_____
NOTARY PUBLIC

Notary Public Seal

My Commission expires: _____

Note: This is not a required format. This resource is provided to assist you in complying with the CSPMP minimum requirements.

** Office Use Only **

BoardSampleAffidavit0708

Date Received:

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Appendix H: AHCCCS Access Request Form

ARIZONA STATE BOARD OF PHARMACY
P. O. Box 18520 Phoenix, AZ 85005
p) 602-771-2727   f) 602-771-2748
www.azpharmacy.gov

AHCCCS ADMINISTRATION DATABASE ACCESS REQUEST FORM

In accordance with A.R.S. § 36-2604, "the AHCCCS Administration regarding persons who receive services pursuant to Title 36, Chapter 29... may have access to prescription information after making written request to the Board stating that the information is necessary for an open investigation or complaint."

All fields are required. Mail completed form to the address above.

INVESTIGATOR'S INFORMATION

First Name:	Last Name:
Title:	State EIN:
SSN:	DOB:
Email Address:	

AGENCY'S INFORMATION

Agency Name:	
Agency Address:	
City / County:	State / Zip Code:
Phone Number:	Fax Number:

OFFICE OF INVESTIGATIONS DIRECTOR'S INFORMATION

First Name:	Last Name:
Title:	
Phone Number:	Fax Number:
Email Address:	

Signature: _____   Date: _____

Subscribed and sworn to before me in the County of _____, State of _____

this _____ day of _____, 20____.

_____
NOTARY PUBLIC

Notary Public Seal   My Commission expires: _____

Pursuant to A.R.S. § 36-2610, a person who is granted access to information from the program and who knowingly discloses the information in a manner inconsistent with a legitimate professional of regulatory purpose, a legitimate law enforcement purpose, the terms of a court order or as otherwise expressly authorized by A.R.S. Title 36, Chapter 28 is guilty of a class 6 felony.

Mail the following items to the ASBP Controlled Substances Prescription Monitoring Program:
* Notarized Database Access Form
* Signed Copy of Privacy Statement
* Copy of Current Department / Agency ID
* Copy of Current Drivers License

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Appendix I: AHCCCS Sample Affidavit

State of Arizona
(Name of County)

(Request Number: _____)

1.   I, (Name), am a (Title) with the (Name of Agency). I am over the age of eighteen.

2.   The (Name of Agency) is conducting an investigation involving (Name/s of Subject).

3.   In accordance with Arizona Revised Statute § 36-2604(C)(5) and Arizona Administrative Rules R4-23-503(C)(5), the information requested is pursuant to an open complaint or investigation.

4.   All information, including names, addresses, and other identifying information, presented in the request only relate to the subject being investigated.

_____   _____
(Printed Name)   Signature
(Title)
(Agency Name)

Subscribed and sworn to before me in the County of _____, State of _____, this _____day of _____, 20___.

_____
NOTARY PUBLIC

Notary Public Seal

My Commission expires: _____

Note: This is not a required format. This resource is provided to assist you in complying with the CSPMP minimum requirements.

** Office Use Only **

AHCCCSAdminSampleAffidavit0708   Date Received:

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Appendix J: Individuals' Access Request Form

ARIZONA STATE BOARD OF PHARMACY
P. O. Box 18520 Phoenix, AZ 85005
p) 602-771-2727   f) 602-771-2748
www.azpharmacy.gov

REQUEST FOR AN INDIVIDUAL'S OWN CONTROLLED SUBSTANCES PRESCRIPTION MONITORING DATABASE INFORMATION

Please print or type, and use full name (first, middle, last, suffix (Jr., Sr., II, III, etc.) - do not use initials)

Full Name:
DOB:
StreetAddress:
City / County: State / Zip Code:
Phone Number: Fax Number:

Specific time period to be covered in report
Start Date: End Date:
Delivery Method

☐ Mail   ☐ Fax   ☐ Pick up (at Board Office)

Signature: _____ Date: _____

Subscribed and sworn to before me in the County of _____, State of _____

this _____ day of _____, 20____.

_____
NOTARY PUBLIC

Notary Public Seal   My Commission expires: _____

Pursuant to A.R.S. § 36-2610, a person who is granted access to information from the program and who knowingly discloses the information in a manner inconsistent with a legitmate professional of regulatory purpose, a legitmate law enforcement purpose, the terms of a court order or as otherwise expressly authorized by A.R.S. Title 36, Chapter 28 is guilty of a class 6 felony.

Mail the following items to the ASBP Controlled Substances Prescription Monitoring Program:
* Notarized Request for Information Form
* Copy of Current Drivers License

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Appendix K: Affidavit Submission Requirements

Affidavit Submission Requirements

When requesting database access, a professional licensing Board, local, state, or federal law enforcement, or AHCCCS Administration investigator who has a user name and password must complete an affidavit verifying authority, purpose, and subject of the data requested. The notarized affidavit must be faxed or mailed to ASBP **within two days** of a web query for data.

The affidavit must include all six minimum requirements that include:

1. The state and county in which affidavit is executed.

2. The name of the individual requesting the information as well as the individual's job description and the law enforcement agency represented. The affiant must also state that the affiant is over the age of 19 years.

3. A reference to the primary name and social security number and/or driver's license number of subject being investigated.

4. A statement that the information requested is pursuant to an open complaint or investigation. (Required by Arizona Administrative Code § 36-2604(C)(3), (4), or (5)).

5. A statement that the names, addresses and other identifying information presented in the request relate to the subject being investigated.

6. Signature of affiant and notarization.

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Appendix L: Protocols for a Secure Web-Based Interface

Overview

The RxSentry Database on the Production Server (referred to as the Database/Production Server) reaches through the firewall to obtain uploaded files from the Upload Server and edit/import them. Therefore, there is normally very little data residing on the Upload Server. The Database/Production Server sends backups on a periodic basis to the NAS. One advantage to this approach is that no users can access the Production Server, which prohibits access to the complete database. The information from the query is tied to the user ID and password and is not accessible to any other users.

HID recommends that you place a time limit on storing the data resulting from database queries and that you delete the data from the Query Server after the specified period of time. If you adhere to this approach, in the unlikely event that an intruder gains access to the Query Server, the intruder will have access to very little or no data (depending on the time frame of recent queries).

The following figure illustrates the database and server configuration. The following page provides more details regarding each component.
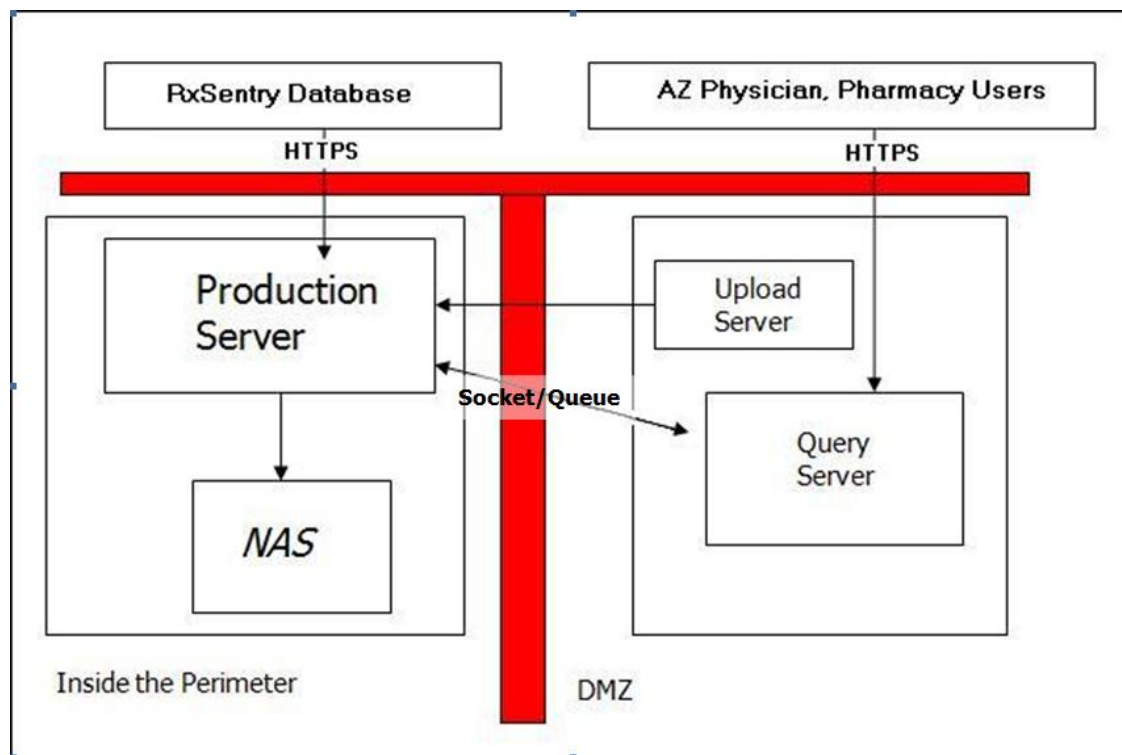
A. The Database /Production Server sits inside the firewall and is accessible only by HID staff and the designated state client staff. It has mirrored physical drives for maximum fault-tolerance.
B. The Upload Server is a much smaller server. This server sits outside the firewall and is accessible for the electronic submission of data.
C. The Query Server is a small server that sits outside the firewall and is accessible by users.
D. External Network Attached Storage (NAS) is disk space on an external NAS server used for backups.

In the event of a breach (or suspected breach) of security regarding the collected data, HID will:

- Immediately notify AZ CSPMP by telephone or e-mail
- Conduct an investigation
- Confiscate and secure any evidence in conjunction with any such occurrences
- Provide AZ CSPMP with a written report of the investigation within three (3) business days of first learning of the breach
- Subsequently provide a written report outlining the impact of the breach and the steps taken to correct the situation and future breaches
- Assist AZ CSPMP, including testifying, in any proceedings or hearings that may be undertaken for any security violation